

Hardship Exemption Request

Development Services Department 777 B Street Hayward, CA 94541 510.583.4140 Created: 1-29-19 Revised: 0-00-00

PLEASE NOTE THAT THIS FORM CAN ONLY BE USED FOR PROJECTS THAT ARE ABOVE THE CURRENT DSA VALUATION THRESHOLD*. For this exemption to be approved, the building or site must have a very unusual condition that makes compliance extremely

difficult or cost prohibitive. In no case ca	n any ap	plicant avoid sper	nding at least 20% of the	ne valuation on accessible up	grades.
Building Permit No.					
Project Description:					
Project Address:					
Owner/Applicant:		Telephone:			
Signature:			Date:		
 Cost of proposed project Total amount spent on othe Total cost (1 + 2) 				\$; ; ;
If (3) exceeds the currer If (3) is less than the DS minimum required for ac	A valu	ation thresho	ld, then 20 perce		
Accessibility Elements:	Cost of Providing Accessibility for this Permit (Dollars)		Cost Proposed (Dollars)	Elements(s) Request to be Waived	Equivalent Facilitation Provided
Accessible entrance (including parking)	\$		\$		
2. Access: Path to altered area	\$		\$		
3. Accessible sanitary facilities	\$		\$		
4. Accessible drinking fountains	\$		\$		
5. Accessible public telephone	\$		\$		
6. Others (ramp, handrail, etc.)	il, etc.) \$		\$		
Total cost of access elements	\$		\$		
Applicant's Statement of Impac	f neces	ssary:	•		access
Your request for exemption from a				·	
Not Approved		Approved	I for the followinge	lements:	
Note: The determination of an exemption from CCR Ti				this office does not al	low for blanket
this figure is updated on an annual basis by the Division of the State Architect. To determine the arrent valuation threshold for any year, check the SA website.		FFICIAL SIGNATURE			